



APPLICATIONS MUST BE SUBMITTED TO:
BILLINGS AREA INDIAN HEALTH SERVICE
DIVISION OF HUMAN RESOURCES
P.O. Box 36600 - 2900 FOURTH AVENUE, NORTH
BILLINGS, MONTANA 59107

FAX NUMBER (406) 247-7251
WWW.IHS.GOV



This vacancy announcement is used to fill appointments under Excepted Service Examining Plan, Merit Promotion Plan, Delegated Examining, and Commissioned Corp.

Please see the "How to Apply" Page for information on how to apply under these authorities.

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| POSITIONS: Medical Technologist, GS-644-5/7/9 Lead Medical Technologist, GS-644-10/11 | | Announcement Number: BA-DEU-05-08 | |
| LOCATION: *As vacancies occur throughout the Billings Area Indian Health Service: MONTANA: Browning, Crow Agency, Harlem, Hays, Heart Butte, Lame Deer, Lodge Grass, Poplar, Pryor, and Wolf Point WYOMING: Ft. Washakie and Arapahoe | | | |
| SALARY RANGE: GS-5: \$32,084-\$39,491; GS-7: \$37,700-\$46,871; GS-9: \$44,866-\$56,080; GS-10: \$48,040-\$60,397; GS-11: \$52,779-\$66,351 PER ANNUM | | | |
| Open Date: 02/01/2005 | | Closing Date: Open Continuous | |
| Travel: <input type="checkbox"/> No Travel <input type="checkbox"/> Occasional Travel <input type="checkbox"/> Frequent Travel | | | |
| Position Status May Be: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary NTE <input type="checkbox"/> Term APPT NTE | Work Schedule May Be: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intermittent <input type="checkbox"/> Subject to rotating shifts <input type="checkbox"/> Subject to call-back | Promotion Potential: Yes, if filled at a lower grade level | Area of Consideration: All Areas |
| Supervisory/Managerial Positions: | May be filled under this announcement (May require one year probationary period) | Government Housing: May be available depending on location of vacancy | Moving Expenses: Travel and transportation expenses may be paid |

THE INDIAN HEALTH SERVICE IS COMMITTED TO EQUAL EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY OR SEXUAL ORIENTATION. HOWEVER, IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 U.S.CODE, SECTION 472 AND 473), PREFERENCE FILLING VACANCIES IS GIVEN TO QUALIFIED INDIAN CANDIDATES.

Who May Apply: Any U.S. Citizen

THE FOLLOWING SPECIAL HIRING AUTHORITIES MAY ALSO BE UTILIZED: Handicapped individuals, of former Peace Corps, VISTA, VRA eligible and 30% disabled veterans. Individuals who have special priority selection rights under the CTAP and ICTAP must be well qualified for the position to receive consideration. CTAP and ICTAP eligible candidates must be considered well qualified if: (1) Possesses the knowledge, skills and abilities which clearly exceed the minimum qualification requirements for the position. (2) Meets the basic qualification standards and eligibility requirements for the position. (3) Meets selective placement factor. (4) Be rated above minimally qualified candidates in accordance with the Indian Health Service Merit Promotion Plan. (5) Is physically qualified. DEFINITION OF WELL-QUALIFIED, AS DETERMINED IN THE BILLINGS AREA INDIAN HEALTH SERVICE: Rating out at meeting at least a 3 or 4 on the majority of the KSA's for the position being filled. EXAMPLE: If there are 5 KSA's the applicant must have at least a 3 or 4 on three of the KSA's in order to be considered WELL QUALIFIED. CTAP and ICTAP candidates seeking eligibility must submit a copy of the agency notice, most recent performance rating and most recent SF-50 noting position, grade level and duty location. Please indicate on your application if you are applying as a CTAP or ICTAP eligible. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

Commissioned Officers: May indicate their interest in being considered by submitting a resume or curriculum vitae. It is the responsibility of the Officer to submit sufficient information as stated on the "How to Apply" page to permit this office to determine whether you meet the qualification requirement.

NOTE: If you are a current permanent IHS employee with Indian Preference you may be considered under the Merit Promotion Plan (MPP) and Excepted Service Examining Plan (ESEP). You must indicate on your application your request to be considered under both plans. Temporary IHS employees, Bureau of Indian Affairs Excepted employees and other Indian Preference candidates will be evaluated under the Excepted Service Examining Plan. Other current permanent Federal employees or reinstatement eligible applicants, may be considered under the MPP and Open Competitive process.

NOTE: If you are a current permanent federal employee or reinstatement eligible individual you may be considered under the Merit Promotion Plan (MPP) and Delegated Examining. You must indicate on your application your request to be considered under both plans.

CANDIDATES MUST MEET TIME AFTER COMPETITIVE APPOINTMENT, TIME IN GRADE, LEGAL, REGULATORY, QUALIFICATION REQUIREMENTS.

| CONDITIONS OF EMPLOYMENT: |
|---|
| A. Selectee will be required to sign an OF-306, Declaration for Federal Employment form certifying to the accuracy and truthfulness of the information provided in their application. |
| B. Selectee will be required to complete an SF-85, Questionnaire for Non-Sensitive Positions (Background Record Check) at the time of appointment. |
| C. Male applicants born after December 31, 1959, will be required to complete the certification documentation to confirm their Selective Service registration status. |
| D. The U.S. Department of Justice Immigration and Naturalization Service by act of Congress requires that all individuals appointed to a position MUST present proof of employment eligibility by completing Verification of Employment Eligibility Form (INS I-9) at |

time of appointment.

- E. If selected, immunization for such illness as found necessary by the Billings Area. Individuals may also be required to be tested for tuberculosis.

DUTIES AND RESPONSIBILITIES: All Medical Technologists in the Billings Area are Generalists. Medical Technologists engage in clinical laboratory work, which requires professional knowledge and competence in the field of medical technology. Many medical technologists work in hospitals or outpatient clinic laboratories performing analyses of human blood, urine, and other body fluids or tissues. They produce test data for use by physicians in detecting, diagnosing, and treating diseases. Most Medical Technologists have some responsibility for teaching medical technologist students, medical technicians, and other medical personnel formal or informal programs. GS-11 Medical Technologists perform administrative/managerial functions, evaluate, modify, or develop new methods or revise standard methods based on the findings of investigations or similar duties.

QUALIFICATION REQUIREMENT: Except for the substitution of education as provided in the Operating Manual Qualification Standards for General Schedule Positions, applicants must meet the following basic requirements in addition to the following types of experience, in the amounts indicated.

BASIC REQUIREMENTS:

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|----|--|
| A. | <p>DEGREE: Medical Technology, Chemistry, or Biology that included or was supplemented by at least:</p> <p>16 semester hours of biological science of which one course was in microbiology and one course in immunology. (NOTE: if there is no mention of immunology or immunobiology in the course title, the requirement for a course in immunology may be met by any course that covers the following topic areas: (1) definition and relationships of antigens and antibodies; (2) host-antigen interactions; (3) bursal and thymic influences on lymphoid cells; and (4) humoral and cellular response mechanisms.) The remaining biology courses must have been in general biology, zoology, or any of the areas listed below under "Evaluation of Education and Experience;"</p> <p>16 semester hours of chemistry of which one course was in organic or biochemistry. The remaining chemistry courses must have been in general chemistry, qualitative analysis, qualitative chemistry, quantitative chemistry, physical chemistry, analytical chemistry, or any of the areas listed below under "Evaluation of Education and Experience;" and</p> <p>3 semester hours of college mathematics.</p> |
| OR | |
| B. | <p>A full 4-year course of study that included or was supplemented by at least 12 months in a college or hospital-based medical technology program or medical technology school approved by a recognized accrediting organization. The professional medical technology curriculum may have consisted of a 1-year post-baccalaureate certificate program or the last 1 or 2 years of a 4-year program of study culminating in a bachelor's in medical technology.</p> |
| OR | |
| C. | <p>A combination of (1) at least 35 semester hours of biological science, chemistry, and mathematics as described in paragraph A above and (2) additional appropriate education and/or experience totaling 4 years. This combination of education and experience must have provided knowledge of the theories, principles, and practices of medical technology equivalent to that provided by the full 4-year course of study described in A or B above. All science and mathematics courses must have been acceptable for credit toward meeting the requirements for a science major at an accredited college or university. Acceptable experience is responsible professional or technician experience in a hospital laboratory, health agency, industrial medical laboratory, or pharmaceutical house; or teaching, test development, or medical research program experience that provided an understanding of the methods and techniques applied in performing professional clinical laboratory work. Certification/licensure as a medical technologist (generalist) obtained through written examination by a nationally recognized credentialing agency or State-licensing body is a good indication that the quality of experience is acceptable.</p> |

Evaluation of Education and Experience: The four major areas of clinical laboratory science are microbiology, clinical chemistry, hematology, and immunohematology (blood banking). Qualifying course work in these areas includes bacteriology, mycology, mycobacteriology, tissue culture, virology, parasitology, endocrinology, enzymology, toxicology, urinalysis, coagulation, hemostasis, cell morphology, immunology, serology, immunoserology, immuno-deficiency, hemolysis, histocompatibility, cytogenetics, and similar disciplines or areas of laboratory practice. Related fields include physiology, anatomy, molecular biology, cell biology, embryology, pathology, genetics, pharmacology, histology, cytology, nuclear medicine, epidemiology, biostatistics, infection control, physics, statistics, and similar areas of science *where the work is directly related to the position to be filled.*

Completion of the BASIC REQUIREMENTS meets GS-5 requirements: For positions above grade GS-5: Experience or graduate education must have been in (1) the general field of medical technology, (2) one of the disciplines or specialized areas of medical technology, or (3) a field directly related and applicable to medical technology or the position to be filled.

WORK-STUDY EXPERIENCE in a clinical laboratory as a student medical technologist in a CAHEA-accredited education program may be credited on a month-for-month basis toward meeting the GS-7 specialized experience requirement. (NOTE: a typical program comprises 12 consecutive months of professional study, including didactic and practical instruction. Approximately 6 to 7 months are devoted to lectures, laboratory study, demonstrations, and seminars covering theory and technique in clinical laboratory science. The other 5 to 6 months are devoted to clinical laboratory rotations. It is the latter, i.e., the period(s) of supervised work experience in a service laboratory that may be credited as work-study experience.

ADDITIONAL EXPERIENCE AND EDUCATION REQUIREMENTS FOR GS-7 AND ABOVE In addition to meeting the basic entry qualification requirements, applicants must have specialized experience and/or directly related education in the amounts shown in the table below.

| GRADE | EDUCATION | OR | SPECIALIZED EXPERIENCE |
|-------|---|----|--|
| GS-5 | Degree | OR | None |
| GS-7 | 1 year of graduate level education <i>or</i> superior academic achievement | OR | 1 year equivalent to at least GS-5 |
| GS-9 | 2 years of progressively higher level graduate education leading to a master's degree <i>or</i> master's <i>or</i> equivalent graduate degree | OR | 1 year equivalent to at least GS-7 |
| GS-10 | NONE | OR | 1 year equivalent to at least GS-9 |
| GS-11 | 3 years of progressively higher level graduate education leading to a Ph.D. degree <i>or</i> Ph.D. <i>or</i> equivalent doctoral degree | OR | 1 year equivalent to at least next lower grade level |

SPECIALIZED EXPERIENCE: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position of Medical Technologist, and that is typically in or related to the work of the position of Medical Technologist to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

SUPERVISORY POSITIONS: For supervisory positions, the Qualification Standard for Supervisory Positions in part IV of the Qualification Standards Operating Manual must be used in conjunction with the standard.

LENGTH OF ELIGIBILITY: Your application will remain active for one year from the date you are rated eligible. You will be removed from consideration due to acceptance of a permanent position or for other reasons. You will not be removed from the list of eligibles if you accept a temporary position unless you submit notice of your non-interest in other positions. Your eligibility may be extended for an additional one-year period.

EMPLOYMENT INTERVIEWS: Applicants may be required to demonstrate in a preemployment interview that they possess the personal qualifications necessary for successful performance.

UNPAID AND VOLUNTEER EXPERIENCE: The experience requirements may be satisfied with pertinent unpaid or volunteer work.

BASIS OF RATING: There is no written test. Candidates will be rated on a scale of 70 to 100, based on the extent and quality of your education, experience, and training as they relate to the duties of the position and grade you are applying for. Your rating will be based on the information on your application and on any additional information obtained by this office. You will be rated for all grade levels for which you qualify and indicate you will accept. Indian preference candidates will be rated against the Preston Standards.

RANKING FACTORS: Applicants who meet the qualification requirements described above will be further evaluated to determine the extent to which their education, work related experience, training, awards, professional recognition and supervisory appraisals indicate they possess or have the potential to acquire knowledge, skills, abilities, and personal characteristics, (KSAP's) required to perform the duties and responsibilities described above.

KSAP'S SUPPLEMENTAL QUESTIONNAIRE

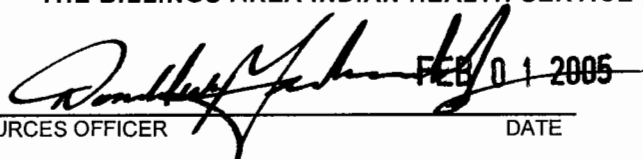
Applicants are encouraged to address the following KSAP's on a separate sheet of paper attached to their application.
The KSAP's will be the basis for determining which applicants are best qualified.

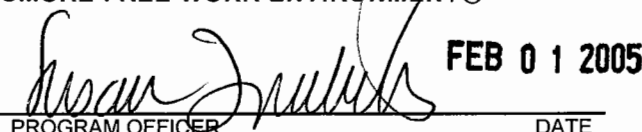
1. Knowledge of medical technology concepts, principles, and practices sufficient to develop and implement a full service laboratory program. Please cite examples and describe.
2. Knowledge of quality control, workload reporting, and proficiency testing to design programs to assure the reliability of data and measure laboratory productivity. Please cite examples and describe.
3. Knowledge of the medicolegal and accrediting/regulatory requirements of HCFA, CAP, and JCAHO, OSHA, FOA. Please cite examples and describe.

FOR ADDITIONAL INFORMATION CONTACT **Mrs. Jackie Black** AT **(406) 247-7214**. ALL APPLICATIONS ARE SUBJECT TO RETENTION, NO REQUESTS FOR COPIES WILL BE HONORED.

THIS IS AN AEP TARGETED POSITION: YES ☒ NO ☐

THE BILLINGS AREA INDIAN HEALTH SERVICE IS A SMOKE FREE WORK ENVIRONMENT®

 **FEB 01 2005**
 HUMAN RESOURCES OFFICER _____ DATE

 **FEB 01 2005**
 PROGRAM OFFICER _____ DATE

HOW TO APPLY

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THEY HAVE SUBMITTED A COMPLETE APPLICATION.

Choose one of the following forms to apply for this job.

Please submit one application or resume for each job you are applying for.

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|---|---|--|---|---|
| <p>Optional Application for Federal Employment (OF-612) with Declaration for Federal Employment (OF-306)</p> <p>Failure to submit a signed OF-306 will make you ineligible for consideration.</p> | <p>Application for Federal Employment (SF-171)</p> <p>Unless a signed OF-306 is submitted, Failure to answer questions 38-47 and sign the form will make you ineligible for consideration.</p> | <p>Resume or Other written application format with Declaration for Federal Employment (OF-306)</p> <p>Failure to submit a signed OF-306 will make you ineligible for consideration.</p> | | |
| <p>An OF-306 may be obtained at: http://www.opm.gov/forms/pdf_fill/of0306.pdf</p> | | | | |
| <p>All applicants must ensure the application you submit contains with the following required documentation. Failure to submit all required documentation with your application will result in your application being incomplete. Applicants with incomplete applications will not be considered for the position.</p> | | | | |
| <p>Your resume or other application format MUST contain the following information:</p> <ul style="list-style-type: none"> ❖ QUESTIONNAIRE FOR CHILD CARE POSITIONS BY THE CRIME CONTROL ACT OF 1990 must be submitted by ALL applicants. A YES to any of the questions may remove you from competition. ❖ JOB INFORMATION <ul style="list-style-type: none"> ▪ Announcement number and lowest grade you wish to be considered for. ▪ To receive consideration under the Merit Promotion Plan <u>and</u> the Excepted Service Examining Plan you must submit a written request with your application. ❖ PERSONAL INFORMATION <ul style="list-style-type: none"> ▪ Full name, mailing address (with zip codes), day and evening telephone numbers. ▪ Social Security Number ▪ Country of citizenship ▪ Do any of your relatives work for the Agency or Government organization to which you are submitting your application? If so, please list name, relationship, location. ❖ EDUCATION <ul style="list-style-type: none"> ▪ Official Transcripts must be submitted ❖ WORK EXPERIENCE - Give the following for your paid and non-paid work experience related to the job for which you are applying: <ul style="list-style-type: none"> ▪ Job title ▪ Duties ▪ Employer/Supervisor's name, address and/or telephone number ▪ Starting and ending dates of employment must include - month and year ▪ Average hours worked per week ▪ Indicate if we may contact your current supervisor ❖ OTHER QUALIFICATIONS <ul style="list-style-type: none"> ▪ Job related training courses (title and year) ▪ Job related skills, for example: other languages, computer software/hardware, tools, machinery, typing speed ▪ Job related certificates and licenses (if you are a licensed medical professional, submit a copy of your license to practice) ▪ Honors, awards, and special accomplishments, for example: publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards | | | | |
| <p style="text-align: center;">Submit the following documents along with your chosen application format if you are in any of the following categories:</p> | | | | |
| <p>COMMISSIONED OFFICER</p> | <p>INDIAN PREFERENCE Excepted Service Examining Plan</p> | <p>VETERAN PREFERENCE</p> | <p>FEDERAL EMPLOYEE Merit Promotion Plan (Current, Former, or Displaced Employees)</p> | <p>DELEGATED EXAMINING (Outside of the Federal Government)</p> |
| <p>Current Billet description (if available)</p> <p>Submit a copy of your most recent Commissioned Officer Effectiveness Rating (COER).</p> | <p>Verification of Indian Preference for Employment – must submit (BIA Form 4432)</p> <p>Current Billings Area IHS employees may state that proof of Indian preference is on file in their Official Personnel Folder.</p> <p>Current or former federal employee must submit most recent FINAL performance appraisal rating.</p> | <p>DD-214 Form (Honorable Discharge)</p> <p>Form SF-15, if claiming 10-point preference (must submit additional required documents listed on the SF-15)</p> <p>Must be submitted to receive preference.</p> | <p>Current Federal Employees or Reinstatement Eligible Individuals must submit Notification of Personnel Action SF50-B, which shows #24 Tenure and #34 Position Occupied.</p> <p>Current Permanent Employees and Reinstatement Eligible Individuals must submit most recent FINAL performance appraisal rating.</p> <p>If No Performance Appraisal is available, applicants must provide written justification for its absence.</p> | <p>Current Federal Employees or Reinstatement Eligible Individuals must write on their application that they wish to be considered under Delegated Examining.</p> <p>If this statement is not on the application and an SF-50 is received, the applicant will be considered under the Merit Promotion Plan.</p> |

REQUIRED APPLICATION QUESTIONNAIRE FOR CHILD CARE POSITIONS

NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER

Medical Technologist

BA-DEU-05-08

JOB TITLE IN ANNOUNCEMENT

ANNOUNCEMENT NUMBER

CITIZENSHIP:

Are you a U.S. Citizen? YES ☐ NO ☐ If no, give the country of your citizenship.

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge

Section 408 of the Miscellaneous Indian Legislation, Public 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere to violent crimes.

PERSONS APPOINTED TO POSITIONS WITH THE INDIAN HEALTH SERVICE CONSIDERED TO HAVE REGULAR CONTACT WITH OR CONTROL OVER INDIAN CHILDREN SHALL NOT HAVE BEEN FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE OR GUILTY TO, ANY FELONIOUS OFFENSE, OR ANY OF TWO OR MORE MISDEMEANOR OFFENSES UNDER FEDERAL, STATE, OR TRIBAL LAW INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; OR CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN. RESPONDING "YES" TO EITHER OF THE FOLLOWING QUESTIONS, OR FAILURE TO PROVIDE COMPLETE INFORMATION MAY CONSTITUTE REASON TO CONSIDER YOU INELIGIBLE FOR THE POSITION IDENTIFIED ABOVE.

Have you ever been arrested for or charged with a crime involving a child? [If "YES" YES NO
provide the information requested below]

☐ ☐

| Date (mo/yr) | Charge | Felony/ Misdemeanor | Disposition | City/State of charge/crime | Police Dept/ Court |
|-----------------|--------|------------------------|-------------|-------------------------------|--------------------|
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Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal (this includes military service), State (this includes municipalities), or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons? ? [If "YES" YES NO
provide the information requested below]

☐ ☐

| Date (mo/yr) | Charge | Felony/ Misdemeanor | Disposition | City/State of charge/crime | Police Dept/ Court |
|-----------------|--------|------------------------|-------------|-------------------------------|--------------------|
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I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$10,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature

Date

Work and Location Availability Form
Billings Area Indian Health Service
Billings, Montana

| | |
|------------|------------|
| Name _____ | Date _____ |
|------------|------------|

Name _____
Date _____

Work Locations

Please indicate your preference for areas of consideration

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | PHS Indian Hospital Blackfeet Reservation Browning, Montana | <input type="checkbox"/> | PHS Indian Health Center Blackfeet Reservation Heart Butte, Montana |
| <input type="checkbox"/> | PHS Indian Hospital Crow Reservation Crow Agency, Montana | <input type="checkbox"/> | PHS Indian Health Center Crow Reservation Lodge Grass, Montana |
| <input type="checkbox"/> | PHS Indian Health Center Crow Reservation Pryor, Montana | <input type="checkbox"/> | PHS Indian Health Center Northern Cheyenne Reservation Lame Deer, Montana |
| <input type="checkbox"/> | PHS Indian Health Center Fort Belknap Reservation Harlem, Montana | <input type="checkbox"/> | PHS Indian Health Center Fort Belknap Reservation Hays, Montana |
| <input type="checkbox"/> | PHS Indian Health Center Fort Peck Reservation Poplar, Montana | <input type="checkbox"/> | PHS Indian Health Center Fort Peck Reservation Wolf Point, Montana |
| <input type="checkbox"/> | PHS Indian Health Center Wind River Reservation Fort Washakie, Wyoming | <input type="checkbox"/> | PHS Indian Health Center Wind River Reservation Arapahoe, Wyoming |
| <input type="checkbox"/> | No Preference | | |

Call Back Duty and Rotating Shift Work

Please indicate those you will accept

- ☐ I will accept call back duty ☐ I will not accept call back duty
- ☐ I will accept rotating shifts ☐ I will not accept rotating shifts

Type of Appointment

Please indicate those you will accept

- ☐ Permanent ☐ Term ☐ Temporary

Work Schedule

Please indicate those you will accept

- ☐ Full-time ☐ Part-time ☐ Intermittent